

# Oral Hygiene

JANUARY 1960



The Bahá'í House of Worship in Wilmette, Illinois. The Chicago Midwinter Meeting will be held in Chicago at the Conrad Hilton Hotel from 7 February to 10, 1960.

***In this issue:***

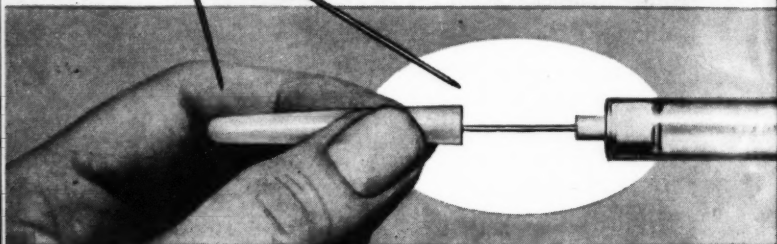
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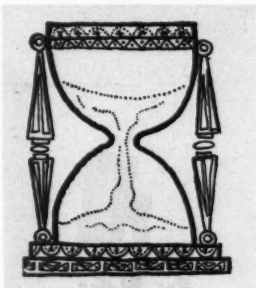
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# The Publisher's CORNER

By Mass

No. 462



## WE START OUR FIFTIETH YEAR

WHILE ORAL HYGIENE was conceived more than 50 years ago, the first issue was published January 1911. The page size then was virtually what it is today, 5¼" x 7¾"; the number of pages, 80. The front cover of the first issue is reproduced at the right.

In the early 1940's, the page size was enlarged to 5¼" x 8¼", but along came World War II and the subsequent War Production Board curtailment of paper usage which made it mandatory to return to the somewhat smaller page. Lightweight book paper has been always used in the printing; even lighter than the average was necessary during World War II years.

The first issue contained the initial editorial, entitled "Saluta-  
(Continued on page 4)



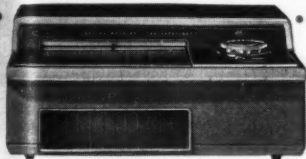


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tory," by George Edwin Hunt, MD, DDS, then in private practice in Indianapolis. We quote from the editorial:

"We hope to make ORAL HYGIENE a power in forwarding the work of the cause expressed by its name. The movement for better oral conditions in the United States is as yet in its incipency. England and Germany are strides in advance of us in this work. And while the cause has lately received much attention generally in the States, actual practical effort for its advancement has so far been confined to single communities here and there. We offer the columns of this magazine as a forum in which the rights and wrongs of every phase of oral hygiene, and the movement promoting its advancement, may be debated by all to the end that intelligent, concerted action throughout the length and breadth of the land may be attained."

Certainly everyone will agree that there have been many advancements in dentistry, and an ever-growing recognition of the value of oral hygiene as an integral part of the overall health problem. From countless thousands of letters received from practicing dentists over a long period of years, we have been told that ORAL HYGIENE has been helpful in many tangible ways.

Future volumes will be of even greater value in the new era which is directly ahead. Certainly there is a brilliant future ahead for dentistry, and better dental health care is assured for more of the increasing population.

We enter our 50th year of dental publishing without pomp or ceremony about the publication's accomplishments in the past; instead, with the same enthusiasm, the same sincere beliefs, and the same boundless energy that were in vogue when Issue No. 1 of Volume No. 1 became a reality.

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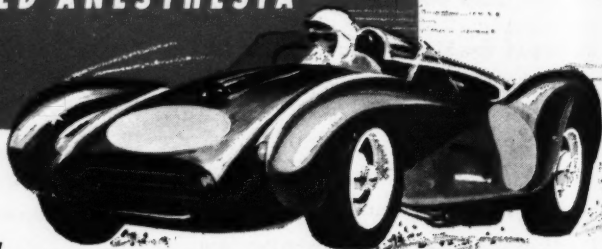
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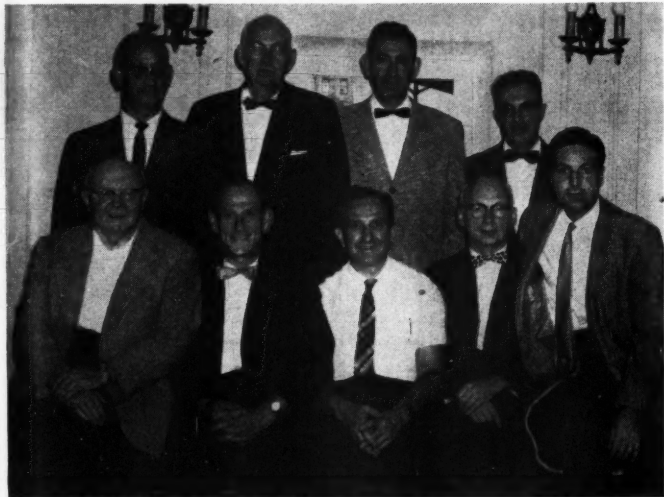
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## *Picture of the Month*



MEMBERS of Fordham Associates, a dentists' investment club in New York, take time out during one of their meetings to pose for ORAL HYGIENE. To learn more about this profit-making club read HOW NINE DENTISTS FOUNDED AN INVESTMENT CLUB by Benjamin Kramer, DDS, in this issue.

Front row (left to right): Doctors Reuben Moss, Lester Maibach, Abraham Silverstein, Benjamin Kramer, and Stanley Seton. Standing (left to right): Doctors Robert Greer, Samuel Abramson, Herbert Cohen, and Charles Sender.

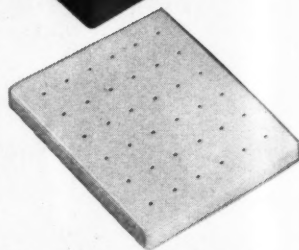
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# \$ How Nine Dentists \$ Founded \$ an Investment Club

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By **BENJAMIN KRAMER, DDS**

*Since the author has found membership in an investment club profitable and stimulating, he wishes to pass on the mechanics of its formation and functions to his colleagues.*

RECENTLY, investment clubs have attracted considerable attention. They have increased in popularity to such an extent that a national magazine devoted several pages to them. In the belief that a report on one investment club now in operation, its origin, its philosophy, and the mechanics of its daily life,

might be of practical interest to others, this discussion is presented.

In December of 1958, a group of nine of us (all dentists), who had been lunch-time companions of long standing, decided to put our ideas into concrete form and start an investment club. We had the first, and perhaps most important prerequisite; namely, a time-proved compatability among all of us. Our first decision was to invest on as scientific a basis as possible, holding to the belief that the market was not a merchandise mart, subject to whims and vagaries that often passed understanding; but rather that it had its own set of rules that would hold rich rewards for those who understood them.

Next, we determined what our financial contribution should be. Although this amount can, of course, vary according to the desires and ability of the organizers, there should be at least an initial payment of a few hundred dollars, so that the club can get started immediately on a purchase. The monthly payment should be low enough so that there would be no financial stringency attached to meeting it, yet high enough to allow a respectable sum for regular investment. Experience has shown that twenty-five dollars is a good average monthly investment.

We arranged with three outstanding brokerage firms in our city to have a representative address us on successive weeks. We chose our brokerage firm on the basis of those talks, placing special emphasis on the available research facilities. Several meetings were then devoted to formulating and adopting our bylaws. Our broker's representative was especially helpful here. Since the bylaws are the rules by which the club will be run, it is important that they be simple, easily amended, and anticipatory of future contingencies. We formed our bylaws after examination of the model ones suggested by the National Association of Investment Clubs, as well as the rules and regulations of another investment club in our city.

To avoid double taxation, it must be stated clearly in the by-

laws that what is being formed is a partnership. Since investment clubs are formed for a profit, they cannot be exempt from the income tax. If a club is formed as a corporation, it would be taxed twice. First, the corporation would be taxed at corporate rates. Second, the members would be taxed individually when the profits are distributed to them. As a partnership, members would feel the tax impact only when income is earned by the club, regardless of the time of distribution.

#### **Decide on Goal**

Our next step was to formulate a set of principles to be used as a guide for the club. It was decided that our objective should be the securing of large capital gains, with the knowledge that this involved the taking of an educated risk. We preferred not to deal in blue chips—such as DuPont, General Motors, or Dow—as it was felt that the members could buy these stocks for their individual portfolios. This, of course, was our own personal point of view. The inclinations of other clubs quite conceivably could differ. It should be made clear that we had no intention of backing get-rich-quick schemes or of purchasing uranium or similar type stocks. We did hope to select cyclical stocks at the beginning; that is, of a favorable cycle, or stocks where value existed but which was not as yet appreciated.

To achieve our objective, we established the following rules:

1. Concentrate on just a few situations.

2. Invest mainly in special situations—which were defined as follows:

- a. "Asset plays" — where the price of a stock is much lower than the indicated value of the company's assets, and where there appears to be a good chance that these assets will be converted into cash or put to work in new or more productive fields.

- b. "Merger candidates"—where a company is likely to be taken over on an attractive basis for its stockholders.

- c. Companies with vigorous new managements or important new product development. (This was our favorite situation.)

3. Plan on re-investing dividends.

4. Buy securities with regularity, though not necessarily every month.

We also devised some rules to guide us in purchasing individual stocks. These were as follows:

1. Management should be imaginative, aggressive, and stockholder conscious. As Philip A. Fisher in his book *COMMON STOCKS AND UNCOMMON PROFITS* phrased it—"What really counts is a management having both a determination to attain further important growth and an ability to bring its plans to completion." If

only one rule is to be followed, this is it.

2. Price should not discount too much of the future.

3. Capitalization preferably should be small and simple.

4. If possible, the company should have a good basic line, with ventures into new fields providing the growth.

5. Our choice should be a growth company—"growth" being defined as:

- a. A company that grows faster than the average in its industry.

- b. Research expenditures should be preferably more than the average. The company should do its own digging for markets.

- c. A company should, after due allowance for research, bring down more of gross to net than average.

Walter Gutman, a nationally known analyst, defines growth simply. He says a growth company is one which is likely to take a quantum jump—which is a sudden and definite change from one magnitude of sales and profit to another. This shift would be a total one, with no regression afterwards.

Although we concede that it is a rare stock indeed that would satisfy all these rules, at least now we had a basis for judgment.

### Source of Information

Then we came to the crux of the matter—where to get the information upon which to base our decisions. Since, as dentists, we

had neither the time nor capacity to do individual research, it was obvious that this called for the work of experts. To those of us with some experience, it was obvious also that the specialists in this particular field differed widely in their recommendations. We solved this dilemma in the following manner:

We formed an investment committee consisting of three of our more knowledgeable members. To get information to this committee, we adopted this plan: Each member was asked to open a private account with a different broker. The various market letters and stock analyses published by these brokers were turned over to the committee, added to which were also channelled any investment services subscribed to by the members. A list was made of the publications available at either a broker's office or the reference library in the neighborhood. This list included Standard and Poors, Fitches, The Wall Street Journal, Barron's, The Commercial and Financial Chronicle, Business Week, Weisenberger Report, and Drew's Report. Although the list seemed a large one, by dividing it among nine men, time for research was found easily. Any recommendations of interest were referred promptly to the committee. The Commercial and Financial Chronicle was of special value, since it had a weekly compilation of stocks

analyzed by brokers throughout the country. Our broker's representative was able to secure any of these reports that we desired.

The investment committee then met and sifted through all the recommendations in order to select the stocks it thought were suitable for our purpose. We had decided to begin our portfolio with an initial purchase of two stocks. A list of four stocks was presented to the full membership, and, after the pros and cons of each stock were explored thoroughly, two were chosen. This became the standard procedure—the investment committee would meet a few days before the regular meeting, a list of two or three stocks would be selected, and then one would become the final choice. This continued until our full quota of six stocks was finally achieved. To allow for a greater degree of flexibility, the investment committee was given the power to purchase a stock without consulting the membership if it decided that any delay might prove disadvantageous. Since our membership is growing, we expect to add two or three stocks to our basic portfolio.

### **Share Responsibilities**

With our stocks selected, our duties were far from over. Each member had one stock placed in his care. It was his responsibility to watch its action, to keep abreast of the latest developments in the



company and its industry, and to make a report on the stock at each meeting. This procedure not only added quite a bit of interest to each meeting, but served to remind us that in this age of rapid technological change and obsolescence, eternal vigilance is the price of successful investment.

As our group matures, undoubtedly our investing techniques will be refined. We feel that our principles are sound. We are confident that our financial future is bright, and that our efforts will be productive of increased gains. Our main purpose now is to establish sound principles of investing through the constant application of knowledge. We expect to gain some of this knowledge through field trips to company plants in our vicinity.

Even in the short span of time since our formation, certain conclusions can be drawn:

Socially our meetings have been interesting and relaxing. We have added to our vocabulary considerably, because our discussions have been high-lighted by words such as "inertial navigation systems," "cryogenics," "acoustic transducers," and "infra-red detectors." Even those of us who have never invested before have found the facts of investing to be both stimulating and fascinating.

Financially, our group fund has shown moderate growth to date. Individual portfolios, due to the experience gained by participating in and making stock market decisions, have made satisfactory progress.

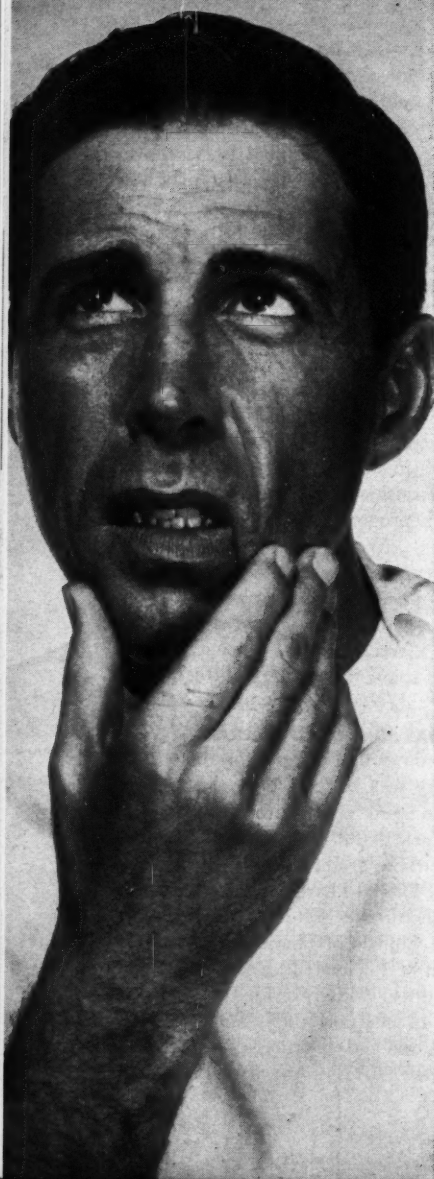
We have group insurance and group practice. Now group investment seems likely to become a part of the "Wave of the future." We invite you to try it.

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#### **POSTGRADUATE SEMINAR ON DRUG THERAPY**

THE FIRST postgraduate seminar on drug therapy for dentists at a college of pharmacy in this country was recently held at the University of Connecticut. Because of the increase in the use of pharmaceuticals by dentists since World War II, the State Dental Association authorized that there be no fee for those attending the seminar. It was sponsored by the Connecticut Joint Dental-Pharmaceutical Committee, the council of postgraduate studies of the State Dental Association, and the University of Connecticut College of Pharmacy.

Doctor Gilbert Le Vine Mellion of Rocky Hill, Connecticut, chairman of the joint dental-pharmaceutical body, presided over the seminar. In the February 1959 issue of *ORAL HYGIENE*, Doctor Mellion told of the formation of the Committee and its objectives in the article *CLOSER COOPERATION BETWEEN THE DENTIST AND THE PHARMACIST*. —*Hartford (Connecticut) Times*.



# The Legal Problems You Face When You Are "Management"

**By ALLAN J. PARKER, LLB, LLM\***  
*Ignorance of the law is no  
defense—know the scope of  
your responsibilities and pro-  
tect yourself adequately.*

\*Mr. Parker is a member of the New  
York Bar.

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To YOUR patients you are a dependable dentist; to your wife, a loving husband; but to your office assistant, you are management. And as an employer, you take on many of the legal and personnel problems encountered by American Telephone and Telegraph Company or the corner butcher shop. And while AT&T has a legal staff to solve its problems, for the practicing dentist, it is up to him. Although the problems and the answers will not be the same in every dentist's case, this article may suggest a few items for your consideration.

First, when you become an employer, you also become the government's uncompensated and involuntary tax collector. When you take on even one part-time technician or secretary, you must register with the local office of the Internal Revenue Service as an employer and start withholding income taxes and social security taxes from your employee's pay. Usually this is an amount equal to 18 per cent for income tax purposes and 2½ per cent for social security purposes adjusted for the number of dependents claimed by your assistant. The government provides you with tables showing the exact amount to withhold. Incidentally, if your aide is married and her husband is taking her as a withholding tax exemption (which he is entitled to do), she cannot claim another exemption.

Otherwise, there is underwithholding, and this can result in your having to pay the deficiency in tax if the employee does not.

You must withhold not only on cash salary, but carfare and lunch money, if they are part of wages.

Taxes withheld should be turned over to the local office of the Internal Revenue Service every three months, or oftener, if the amount of tax withheld is more than \$100 for any month. While the Internal Revenue Service is supposed to and usually does send you forms every three months as a reminder, the responsibility is still yours to see that the tax is withheld and paid. And if your state imposes a personal income tax, see if withholding is also required under state law.

### **Routine System Needed**

All of this may sound a good deal more complicated than it really is. You should simply establish a clerical routine and follow it and you will avoid tax trouble. It is dangerous for any employer, of course, to withhold the tax from the employee and then "forget" to pay it over to the government. This procedure can result in fines and even jail sentences if you continue to "forget" after you have been formally warned by the government.

Unemployment insurance is something like social security, in that it provides a fund to pay your

employee some benefit if she is out of work. Usually the employer pays all of this tax which is generally about 3 per cent of wages up to \$3000 per year, or a maximum of \$90. It can be less if the employer's labor-turnover is good.

In most states, however, if you have only one employee you are exempt from this tax. It is possible to give your employees unemployment coverage by paying the tax on a voluntary basis. Whether to obtain such coverage, however, depends upon the facts of each case. Since a dental assistant's work is not particularly seasonal, and employees who leave usually either do so voluntarily or are let go for good reasons, they would not then receive any substantial unemployment insurance benefits, so voluntary coverage may not be necessary.

Many of the other federal and state laws applying to "labor-management" relations do not apply to the practicing dentist. But they might be worth knowing about in order to establish some general standards for your consideration.

For instance, the federal minimum wage and hour laws do not normally apply to a dental office, but only to persons engaged in interstate commerce or in the production of goods for interstate commerce. But while you are not legally obligated, therefore, to pay your aide time and one-half after 40 hours, you might consider

following the example of many hospitals or other charitable organizations, which are also exempt from the requirements of the law. They grant nurses and technicians equivalent time off for hours worked in excess of 40, instead of overtime pay. You can also try to schedule your services to cut down overtime except in true emergencies—or your aide may be attracted to a job where overtime is in fact paid in cash.

Laws against discrimination in employment because of race, creed, or national origin, have been enacted in many states, but generally do not affect an employer of fewer than four persons. While these laws are enforced primarily through persuasion and education, if they do apply to you, pay attention, because in the last analysis, they provide for penalties.

The elaborate health and safety laws spelling out an employer's duty with respect to light, heat, safety appliances, and sanitary facilities in a factory or loft obviously do not apply to your office. But as a matter of practical personnel policy, again there is no department head but you to look out for the physical comfort and convenience of your employee.

#### **You Are Liable**

While your assistant clearly is not so likely to be injured on the job as one of AT&T's cable-

splicers (although that corporation's safety record, considering the nature of the work, is enviable), nevertheless accidents can happen to anyone and could include your assistant's burning herself on your autoclave or tripping over a carpet in the reception room. What about Workmen's Compensation Laws?

Generally, this question would have to be decided under the various state laws. You should check with your legal counsel or insurance advisor, because often where an injury is covered under Workmen's Compensation, your regular liability insurance policy may not cover the claim. And even if it is not required, Workmen's Compensation Insurance may be obtainable on a voluntary basis. This may be worth looking into, because a serious injury to your employee could be financially disastrous, to you and to her. Without adequate insurance, you probably are not in a position to give her merited compensation for a serious injury, no matter how good your intentions may be.

Liability insurance in connection with your assistant can work the other way too. Careful as she may be, instead of being hurt herself, she may injure somebody else. And if she does, while acting in the scope of her employment, you may be legally liable for these injuries even though you were not anywhere around at the time and

could not have possibly done anything to prevent the accident.

The rule of making you liable in such cases is so old that it even has a Latin name—"respondeat superior," which means "let the master be responsible." When viewed entirely from the employer's side, this may seem unfair at first glance; but from the injured person's point of view, the rule tends to give him a more financially responsible individual against whom to recover for his injuries. Also, practically speaking, the employer is in a better position to provide insurance coverage.

#### **Establish Safety Program**

While you are not liable for every accident your assistant becomes involved in, the term "scope of employment" has a pretty broad meaning. It is no defense to say "I hired my aide to be careful; when she stopped being careful, she was acting outside the scope of her employment." Even when she departs from specific instructions, she is still acting within the scope of her employment, making you liable, if she has made only a slight and temporary detour from her orders.

How can you protect yourself against this type of liability? First, of course, just as AT&T does, by initiating and emphasizing a safety program right in your own office. You cannot supervise everything  
(Continued on page 53)



## "Public" Laboratories and the Dentist

IN a certain city of 300,000 in the state in which I am located there are nine dental laboratories that work directly for the public and two more are to start this month.

Recently, a high-type dental laboratory which serves only registered dentists and does all classes of dental prosthetics lost so much business the owner could not pay his technicians. He had one ac-

count of several hundred dollars on his books against a prominent dentist of that city. He made out a statement of account and personally asked the dentist to pay it. The dentist said he was sorry but he could not pay the bill just then as he had lost so many of his patients to the laboratories that worked for the general public, he too was pressed for money.

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***A Midwest dentist reports that his income and that of his colleagues has been seriously decreased by the activities of the public mail-order laboratories.***

If this ethical dental laboratory owner is in such financial straits that it is reported he will have to close up, no doubt other ethical laboratories are also suffering the same loss of business to the bushwhacking laboratories that work for the public.

An ethical dental office in the same city, which constructs only dentures, has been making upper and lower dentures for \$60. The office used a high grade of acrylic and teeth made by well-known manufacturers. Within the last six months the owner of this office lost so much business to the laboratories working directly for the public, he was forced to close the office and move the equipment to a suburb to get away from the high-rent district and cut expenses.

A friend of mine whose father is a dentist was in the postoffice of a neighboring small town when a man she knew came in with a box to be mailed to Chicago. She recognized the box as the kind dentists use in which to mail dentures. The man insured the box

for five hundred dollars. He told the postmistress the box contained his dentures which no longer fit him. He told her a laboratory in Chicago had sent him enough material to take his own impressions by using the old dentures for trays, together with full directions, and charged him \$20 for both dentures.

After the man had left the postoffice, the postmistress told my friend that almost every day someone will come in and mail a box to the same address in Chicago, and the shipment is invariably insured for five hundred dollars.

**Advertising Fees**

I know of a dentist in the southern part of my state in a town of 2700 population, which is close to the state line, who advertises his prices in county newspapers in the other state. People cross the state line to take advantage of his low prices. The state dental society cannot expel him from membership for he is not a member. The state he advertises in cannot prosecute him for practicing in that state without a license; also that state allows publicizing of fees. The state his office is in cannot prosecute him and take away his license for he has not broken the law of his own state by advertising his fees. He said that a laboratory working directly for the public in a city fifty miles from his town had taken away his denture

business; and with a large family to support, he had to secure business elsewhere by advertising. When a reputable dentist is forced by a bushwhacking laboratory to advertise, what will be the outcome for all dentists?

A former advertising dentist, before the law forced him to be ethical, not long ago predicted to me that bushwhacking dental laboratories will force ethical registered dentists to publish their fees. If that time ever comes, what will become of our law against advertising?

#### **Customers Will Not Testify**

The bushwhacking laboratories in my state do not advertise their prices, but depend on satisfied patients to advertise for them by telling their friends what low prices they paid and how well satisfied they are with their dentures. They never use a firm name on the window or stationery. They use only the name of the owner, and follow it with the words "Dental Laboratory."

If the state tried to prosecute the owner of the laboratory it would have to prove that the owner was working directly for the public. But no satisfied patient will testify for the state.

I have seen advertising from

these bushwhacking laboratories come through the mail in our post-office from as far distant as New York City and Baltimore. I have seen the usual type of denture packing boxes mailed at our post-office. No doubt they were sent to some of these distant bushwhacking dental laboratories. I do not like it, but I cannot do anything about it. My denture business has decreased seriously in the last nine months since these laboratories have become numerous.

An experienced technician told me that in the six months he has been operating his own laboratory, he had taken in over ten thousand dollars and he had his books to prove he was telling the truth. He works directly for the public and advertises in several newspapers, most of his orders coming to him by mail.

The director of the dental division of our State Board of Health wrote me that the hands of the Board are tied, because they cannot get any patients of these bushwhacking laboratories to testify in court for the state.

These laboratories are paying registered dentists \$20 for full upper and lower impressions. They are finding certain dentists who will prostitute their profession to do so.

# So You Know Something About DENTISTRY!



By **ROLLAND C. BILLETER, DDS**

## Quiz 184

1. Why is it wise to sedate hypertensive patients prior to many dental procedures? . . .
2. When cusp interference has been removed, the loss of vertical dimension is (a) rarely, (b) frequently, a factor in Costen's syndrome. . . . .
3. It is currently estimated that from conception to the age of 30 years the average person in the United States receives a gonadal radiation from dental x-rays of (a) .01 (b) 1.0, roentgens. . . . .
4. True or false? Endodontic treatment is contraindicated in systemic disease in which the natural mechanism is weakened to such an extent that chances of recuperation are not favorable. . . . .
5. What is the principal disadvantage of the acrylic resin restoration? . . . . .
6. A well-condensed amalgam restoration, regardless of the method of mercury removal, would be expected to contain (a) 65, (b) 50, per cent or less mercury. . . . .
7. Is it advisable to flame the stick of inlay wax before forcing it into the cavity preparation? . . . . .
8. True or false? A unilateral buccal protuberance on the mandible is usually pathologic. . . . .
9. Is breast feeding a significant factor in the incidence of thumb-sucking? . . . . .
10. The hazard of click and trauma (a) is, (b) is not, eliminated to a major degree by occluding porcelain teeth against plastic teeth in full dentures. . . . .

**FOR CORRECT ANSWERS SEE PAGE 68**



# Practice Administration Thought- Provokers

By **CHARLES L. LAPP, PhD,**  
and **JOHN W. BOWYER, DBA\***

## **Be Represented on Hospital Staffs**

Each dental society should make every effort to see that one of their members is representing the dental profession on the hospital staffs in their area. It is one way a closer working relationship can be brought about between the dental and medical profession for the welfare of patients.

## **Follow-up To Show Interest in Your Patients**

Not long ago a patient mentioned that a dentist was human. Immediately we asked, "Why?" The patient replied "My dentist is really interested in my welfare and comfort." Again we asked, "What makes you think this dentist is more interested in you than most?" The woman then came back with the action which had impressed

\*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Associate Professor of Finance, Washington University, St. Louis, Missouri.

her. She said, "My dentist extracted my tooth on Monday and then on Tuesday called me to ask if I was getting along all right. I was, but it was nice of him to be concerned." This follow-up on the part of more dentists could eliminate much pain and assist more dentists to establish better patient relationships.

### **Do You Feel You Are Overworked?**

Many dentists have told us that they are overworked. Possibly one reason may be that you are not fully using your assistant or assistants to your fullest advantage. Have your assistant write down all the things she feels she should and can do to assist you. Then have her list the things she cannot do but would like to learn to do. After this has been done, go over her lists with her and help her to become a more efficient assistant to you.

### **Provision For Retirement Living**

Doubtless you have provided for your dependents with life insurance in case you die. But have you made the same provisions for the happier, and, you hope, more likely event of living? The purchasing power of the dollar has been in a long-term downward trend. There is no such thing as a "guaranteed" and "riskless" way to achieve financial security. Money in a safe-deposit vault, in bonds, in the bank deposit, in a savings and loan institution, or in the many forms of fixed interest insurance has some risks—the risk of loss of value in periods of business declines. In fact, the dentist, unless his practice is made up of almost entirely one industry (industrial workers) probably has more security than most others. There are not any real statistics available, but the effect of any recession on the volume of dentistry appears to be spotty and almost negligible. Thus, a dentist can, in a balanced program of investment for retirement, possibly take a little more risk in planning for his future than many others.

### **Gown Check**

Clean gowns and neat, clean uniforms for your assistants are professional requisites. The attention of your patients is usually centered more on you and your assistants than it is on specific accouterments in your office. Most people tend to look more at people than they do at things. Actually, your uniforms may be unimportant as to whether a patient receives good or poor dental service. However, unfortunately, some patients will associate sloppy uniforms with sloppy dental service.

*(Continued on page 42)*

### **Tact Is the Priceless Quality in Good Human Relations!**

According to Doctor Donald Laird, a psychologist, "Tact is a priceless quality in good human relations. Whenever you find anyone who is outstandingly successful and popular, you will find a person who is outstandingly tactful. Tact is merely doing things in the way the other person would like them done, rather than in the way you yourself would do them if you had only yourself to please. Watch your tact—and watch your influence over others rise."<sup>1</sup>

### **Books To Help Your Son's Or Daughter's Study Habits**

Quite a number of dentists have written to us asking how they can help improve their son's or daughter's study habits. Probably one of the important keys to better study habits is to have them figure out when they study best. For example—in the morning, afternoon, or evening, after exercise or before, before or after meals. When they find this out, have them make a study schedule they can and will adhere to for a week. Study, when it becomes a scheduled habit, is easier and more beneficial. Five steps for getting more out of their study time are as follows:

1. Survey what you are going to study and get an overall point of view of what you are going to study in detail.
2. Ask yourself questions about material you are going to study and should answer.
3. Read actively by noting important points, phrases, and concepts.
4. Recite back to yourself or to someone else what you learned from reading.
5. Review what you have learned a number of scheduled times thereafter.

### **Don't Throw Away Your Records**

Don't throw away your worksheets, canceled checks, receipts, bills, and other supporting evidence after filing your income tax return. Accountants recommend that such pertinent papers be retained for at least six years.

### **Police News Releases**

Find some responsible member of your dental group to check carefully any content of a speaker's speech released to newspapers, radio, and television stations. What may sound all right before your annual convention or in a study club group, may sound or read quite differently when it is released for public consumption. Then, too,

<sup>1</sup>Laird, Donald: Practical Sales Psychology, Sales Review 13:12 (February) 1959.



some reporters and newscasters, even though sticking to the truth, may highlight and twist certain statements in such a way that unfavorable rather than favorable publicity for dentistry is the result.

### **Do Your Part To Avoid Socialized Dentistry**

Good patient relationships will go a long way toward avoidance of socialized dentistry. However, when there are many who think they cannot or actually cannot afford dental treatment, there will remain a little wedge for enthusiasts of socialized medicine and dentistry. Make it a practice to share the load and take care of one needy patient each week. Such giving of your professional know-how will not only give you a good feeling, but will help to maintain our own free economy where patients can choose the professional men of their choice for services.

### **Hidden Treasure—Obsolete Securities**

Never throw away old or apparently worthless securities. A year never passes but someone brings to the University some securities that they thought were worthless, but which, upon investigation, were found to be valuable. Probably the most famous "lost" security is the Texas Pacific Land Trust's Certificate 390. This Certificate issued in 1888 is worth around \$1 million. Someone has it and apparently does not know that it is valuable. There are hundreds of other cases less dramatic than this, but still many securities are lost or destroyed that have value.

### **Package Insurance Plans**

Most major fire and casualty insurance companies have started to offer package home owner's insurance plans. These insurance packages offer coverage for fire and windstorm on the household as well as personal liability insurance and personal property theft insurance at rates which are about 20 per cent below the premiums on these policies if bought separately. Check with your insurance broker to see that this coverage is made available to you when your present policies expire.

### **Growth Industries**

The most rapidly growing industries averaging an increase in production of 40 per cent and over in the last thirty years include such industries as the ethical drug industry, the radio and television industry, airlines and helicopter manufacturers. Some industries as the natural soap, silk, railroad passenger and anthracite coal industries

have actually declined in production during this period and the long run trend appears to be downward.

### **Group Insurance Plans**

Most state dental societies have group life and medical insurance plans. These plans can be supplemented by providing group coverage for your local dental society or study club. The local study club or dental society is a good medium for providing group disability income coverage which is the missing link in many dentist's savings and investment programs. Using your local organizations as a group has the advantage of keeping the group together and making it a more cohesive unit.

### **Government Securities**

Recently, there has been a revived investor interest in United States Government securities. Individual investors bought more than \$900 million of the 5 per cent United States Government bonds maturing in 4 years and 10 months. Many of these investors probably do not realize that these bonds are marketable and the price may fall below what they paid for them. Most investors are accustomed to buying Series E and H bonds which may be redeemed at any time, after a short waiting period, without loss. All marketable bonds—those you buy from a broker—fluctuate in price and should not be used as investment media for funds you may need in an emergency.

### **Are You Saving Enough?**

The average family in the United States saves from 7 to 9 per cent of income after taxes. This rate of savings allows the average family to accumulate roughly one year's income every twelve years. Are you saving as much as the average family? Professional men do not have any built-in retirement plan except Social Security, which is hardly adequate for retirement. Therefore, the present rate of saving is of the utmost importance. The authors of speeches to dental study clubs and societies throughout the country hear of innumerable cases of where a dentist is too old to practice effectively and yet does not have sufficient savings for retirement. Such cases are pathetic. Do not be one of these—re-evaluate your savings and plans now.

### **About Taking Losses**

Do you own stock or bonds that are selling for less than what you paid for them? Have you decided you would be wise to sell, but you

just hate to take the loss? If you are in this situation, you had better face facts. You already have the loss whether you decide to take it or not. The advantage to taking losses is that you are able to recover some of the loss from tax saving. If you wish to hold a particular security as a long-term investment, you may sell it and then wait 30 days and buy it back, and thus establish your loss. The investor runs the risk that the security may increase in price during the 30-day period. The price of the security would have to increase during the 30-day period by the amount of the loss times your income tax rate before you would lose if you plan to buy back the security.

#### **End of High Interest Rates?**

According to Doctor Jules I. Bogen of New York University, the long rise in interest rates is coming to an end. He feels that the interest rates will decline because of the decline in the demand for money by business. The demand for money will decline because the growth of business will slow down for these reasons:

1. Wartime shortages have ended.
  2. Foreign competition is becoming an onerous factor in the domestic economy.
  3. A gradual slowdown in defense spending is probable.
- The investor would be advised to buy bonds at present high interest rates if he wishes to capture the benefits of these rates.

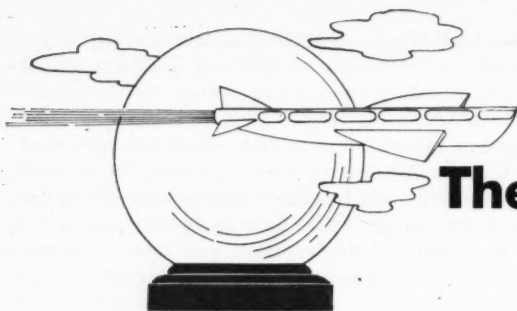
#### **Home Ownership—Blessing or Burden?**

A number of studies have established that it is cheaper to rent living quarters than it is to buy your own home. The hidden costs of home ownership often cause us to buy "too much house." Here are the costs of home ownership:

1. Loss of income from investment from down payment and settlement costs.
2. Interest costs on mortgage.
3. Local taxes on property.
4. Insurance on property.
5. Maintenance costs.

One item that is frequently overlooked is the high cost of maintenance. Home maintenance costs run from about 1/3 to 1/2 of the mortgage payments depending on the age of the home.

*Washington University  
St. Louis, Missouri*



## The Next

By ARTHUR ISAACS, DDS

IT WAS the first of July. For precise, methodical Doctor Friendly, this date had but one significance. It meant the start of his annual vacation from dental duties. Ahead of him was a whole month of golf, fishing, reading, and loafing. His bags were packed and neatly placed in the baggage compartment of his car, and he was ready for an early morning start.

Heretofore, this day had always been approached with waves of anticipatory pleasure. But for some elusive reason he felt different this year. True, the precise dentist had retired at the same early hour as in years previous. Yes, everything seemed the same, except for one small oppressive fact: This time he could not fall asleep! Disturbing dental incidents of the past week kept dancing through his mind, like dream sequences in a psychiatric drama.

*If dentistry progresses at the same rate during the next century, who knows what might happen?*

Mrs. Azmatic had to lose that difficult "hard to fit" lower denture while surf bathing at the shore. Alas, a denture neither fits nor pleases as well the second time. And then, Miss Careless just had to crack that "hard to match" porcelain jacket crown in a telephonic squabble with her fiancé. Probably tried to bite his head off. She had it coming—but a jacket crown never seems to harmonize as well when it is remade.

But that "dry socket" of Mrs. Tantrum disturbed Doctor Friendly's sleep most of all. A simple extraction—with the same technique, same anesthetic, the

# kt Dental Centennial

same precautions as in a thousand other successful cases—yet this time it left a painful socket; and just when vacation time was here. Again he could see Mrs. Tantrum come marching into his office time after time with that “look what you’ve done to me” expression. And again he prescribed the usual sedatives that, in her case, always failed to relieve the pain.

At last, after several wakeful, vexing hours, Doctor Friendly felt the most penetrating and pleasing calm enter every fiber of his body. For a short time he seemed to be happily suspended as though floating on a cloud. Then he felt himself descend slowly, ever so slowly, into the dream world of 2059.

## Dental Utopia

Doctor Friendly was on his way to his office in “Future Town.” This was one of the many planned communities found so necessary during the dawn of the Twenty-First Century. It was far from the

sprawling, overpopulated cities; but it was easily accessible from any distance by an atom-powered airplane. He boarded the graceful air-borne giant and proceeded to his favorite seat on the glass-enclosed observation deck. He was relaxed and particularly proud this day, as were so many of his colleagues; for this great branch of medicine was being honored and congratulated by scientific and medical groups from every part of the world for a great achievement!

*Dentistry Had Finally Succeeded in Eliminating and Banishing Forever The Most Prevalent Disease of Mankind—Dental Caries.*

This dental triumph was not the result of an accidental discovery in some obscure laboratory. It was the success of the prodding, patient dental men of science in the great National Research Laboratory, which had been established by the American Dental Association after the defeat of socialized medicine in Congress.

Doctor Friendly, a keen student of dental history, had a warm feeling of satisfaction for the progressive role the ADA displayed at that time. With the combined efforts of the AMA, a "Secretary of Medicine" had been added to the President's cabinet—and kept completely out of the hands of politicians. This post was served, alternately, by the respective presidents of the national medical and dental associations.

Doctor Friendly recalled how both professions had gone ahead ethically from that time on. All research in the field of medicine and dentistry was now conducted and coordinated under the careful supervision of this Secretary of Medicine. Dental advances and techniques were televised in natural colors to every city, both large and small, from Washington headquarters. This permitted everyone the opportunity of quickly becoming acquainted with every modern procedure.

Moreover, national dental conventions gradually became obsolete. Even the annual election of officers was accomplished by accurate push-button controls attached to all television receivers. Only the local societies continued to hold their regular meetings.

### **How Times Changed**

While viewing the ever-changing landscape as he flew over the country, Doctor Friendly com-

pared his life as a dentist with that of his confreres of the previous century. How difficult it must have been in 1959 to extract innumerable teeth, construct the various types of restorations and dentures, and at the same time be proficient in root canal therapy and the treatment of periodontal disease. How different and simple it all was now. To find a cavity or extract a tooth was the rare exception.

Dentistry was a joy!

Dental attendance was compulsory by law!

Dental treatment was instituted on the child at the age of two—when he was immunized against caries by the injection of "Positive 1985," distributed by the National Research Laboratory. Booster injections on the appearance of the 6 and 12-year-molars completed the treatment. Fluorine in proper amounts was added to the water supply throughout the Nation, and fruits and vegetables were also impregnated with it. Dental prophylaxis every three months and a dentifrice with a positive "caries control" factor completed the cycle.

True, dentists were still practicing in the various specialties of orthodontia, endodontia, and oral surgery. Periodontal conditions still plagued the adult population, often resulting in the loss of teeth requiring well-engineered replacements. Prosthodontists had great success handling the full lower



denture as the subperiosteal dental implant was perfected well enough to become routine.

At this time the porcelain jacket crown achieved mass popularity, especially with teen-agers, when the video-telephone was invented. That television smile was a "cosmetic must" while conversation was in progress. An ADA-sponsored dental insurance plan helped lighten the expense load for all forms of dental restorations.

In short, a dental practice was a pursuit of happiness—a great delight.

### **Comes the Dawn**

The speeding plane and the ever-changing panorama produced a gradual soporific effect on the dentist. He was soon asleep. A short time later, the ringing of a bell brought him back to the present. For a moment he could not remember where he was. He rubbed his eyes vigorously and then gazed about the room. Blurred objects soon came into focus. He then realized that his 'phone was ringing.

He lifted the receiver and was greeted by Mrs. Tantrum's "look-at-what-you've-done-to-me-voice."

"Doctor, you must see me before you go on your vacation. The pain is simply terrible, and I just can't sleep a wink."

The necessary appointment was made for that morning. Of course he would help Mrs. Tantrum. His first duty was to alleviate pain and make his patients comfortable. This is *dentistry*.

By this time Doctor Friendly was fully awake. He felt that his dream of the future had consumed a considerable length of time, but on glancing outside his window he saw the first light of the new day.

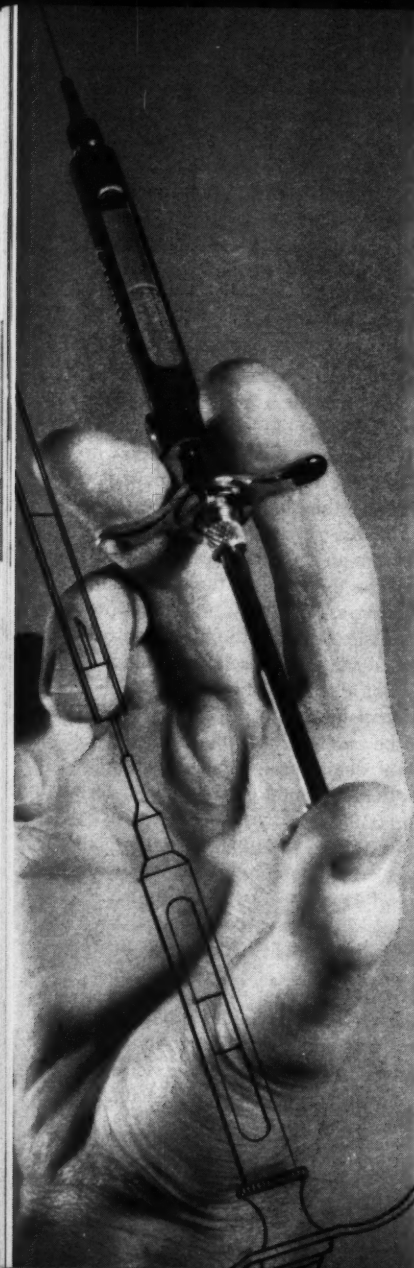
As the sunlight increased, the dentist seemed to feel an inner calm and sense of satisfaction. He kept thinking of the remarkable progress made by the dental profession during the past century. He said to himself with satisfaction, "If we continue to advance at the same pace, perhaps we will be able to reach that millennium of dental perfection—the elimination of dental caries—even before 2059.

Indeed, this is a scientific goal worth dreaming about.

125 Ocean Avenue  
Brooklyn 25, New York

### **PENICILLIN IN MILK**

PENICILLIN-SENSITIVE patients can have allergic reactions produced by the ingestion of milk or milk products containing that antibiotic. Might it not be a logical deduction to state that a person could become sensitive to penicillin through the ingestion of such adulterated milk?—PAUL H. MARTIN, MD, *Bulletin, Indiana State Board of Health*.



## Consultation

### Clinic:

## Iatrogenic Damage in Dentistry

By **ARTHUR ELFENBAUM, BA, DDS\***

THE first word in the title of this article may be new to many readers. *Iatro* refers to the physician, therapist or healer, and *genic* denotes creation; hence, so far as dental health is concerned, the combination suggests a condition caused by a dentist. However, the implication is never favorable, and the title might lead one to believe that this presentation will be a ghoulish condemnation of dentists

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\*Doctor Elfenbaum is Professor Emeritus of the University of Illinois and Northwestern University, Consultant in Diagnosis and Treatment Planning at the Dental Training Center of the West Side Veterans Administration Hospital, Chicago, and Courtesy Member of the Medical Staff at the Michael Reese Hospital.

***If a conscientious dental treatment results in an unavoidable mishap, the dentist should benefit by the unpleasant experience.***

who do more harm than good to their patients.

Whoever wishes to undertake such a distasteful task is welcome to it; in fact, it has been done in articles and lectures by several who are qualified to do so. Nevertheless, it would be folly to defend a dentist who initiates periodontal pathology by ruthlessly destroying gingival tissue to make it more convenient to take an impression of a cavity. Restorations with traumatizing margins cannot be condoned. Crudely bent clasps without rests are rightly held responsible for the contention that all partial dentures must eventually be succeeded by complete replacements. Poorly contoured restorations are harbingers of open contacts, food impactions, damaged interproximal gingivae, and other pathologic conditions.

The dentist who extracts an infected tooth for a patient with a history of rheumatic fever in childhood and fails to protect him with antibiotics, runs the risk of causing a subacute bacterial endocarditis and possibly death. On the other hand, the indiscriminate use of penicillin troches to clear an oral

infection sometimes gives rise to a moniliasis which may invade the intestinal canal and end fatally. Now that we are aware of the danger of the involuntary aspiration of blood and the hepatitis virus into an anesthetic cartridge, it is nothing less than criminal to use the same ampule for two or more patients. Many more examples of inexcusable iatrogenic pathologic procedures in the dental office can be listed to demonstrate that numerous dentists are guilty of causing harm to some of their patients.

It is no defense that iatrogenic disorders occur in the medical world too, and that many of the resulting diseases are often brought to the dentist for treatment. We know that stomatitis is frequently caused by mercurial medication, xerostomia by antihypertensive drugs, excessive salivation by pilocarpine, hypovitaminosis A by mineral oil, and gingival hyperplasia by Dilantin®.

### **Scientific Experimentation**

However, there are mitigating circumstances in both medicine and dentistry, especially since the latter is now being considered as a biologic science as well as a biomechanical art. No science can advance unless those who are devoted to it are willing to contribute their knowledge and skill, and in a health service progress is impossible unless the clinician supple-

ments the efforts of the research worker. New medications which have been approved by experiments on animals must eventually be prescribed for human diseases, but there is always the possibility that the biochemical reaction may be different. Many practitioners consider it a compliment when asked by a reputable pharmaceutical manufacturer to cooperate in the clinical trial of a new product. If the physician is cautious in the selection of patients and devotes time to the observation of changes induced by the medication, any deleterious side effects should not bring discredit upon him.

The conscientious manufacturer of dental materials, instruments, and equipment, must also have his products tested clinically, and dentists who use them often find that they have unwittingly caused some damage to oral structures; but if the beneficial effects of medicinal and mechanical innovations outweigh the untoward results by far, further investigation may correct the faults. When iatrogenic damage is the unavoidable outcome of honest scientific experimentation, the *iatros* must not be held responsible for it, provided that he does everything in his power to prevent its repetition.

Unfortunately, too many dentists and physicians have been so blinded by the exaggerated claims of the manufacturers of miracle drugs that they completely ignore

the possibility of side effects. They insist that if the wonder medication cures the patient's specific disease, the side effects will eventually be resolved, or somebody must have another miracle drug to eliminate them. It so happens that events often work out that way, but it is no credit to those who place their trust in such unscientific procedure.

### Possible Dental Injuries

One example of iatrogenic damage in dentistry that deserves more serious thought is the possible harm that is being done to dental pulps by the new high speed methods. There is still considerable disagreement among researchers and clinicians concerning pulpal changes and their reversibility, but the dental profession cannot be expected to mark time until a committee supplies more dependable guidance.

We also wonder whether it is iatrogenically harmful to solder together all adjacent retainers in every complete mouth reconstruction case. If the missing teeth were lost because of carious destruction or by accident and the bridge spans are long, what happens to the natural physical movement of the abutment teeth? There being no evidence of periodontal disease, it is possible that nature will not tolerate the strangulation of normal physiologic movement and pathosis will occur in the perio-

dental membrane, cementum, and alveolar bone. It is said that if the top floors of the Empire State Building in New York were not able to sway in the wind, a strong gale could snap them off. Perhaps the mouth deserves similar consideration, unless it is being reconstructed for esthetic reasons only! Many practitioners have already resorted to interlocking splints to replace soldered joints in complete mouth reconstruction.

We have tried to demonstrate that while iatrogenic pathology often arises in dental practice, there are occasions when it is unavoidable and frequently essential to scientific progress. It would be

well for us to be guided by an old medical maxim, "Primum non nocere," meaning "Above all, do no harm." Nobody seems to be able to identify the author of this sensible exhortation, but we know that Hippocrates and the physicians of his day were familiar with its equivalent. In our everyday effort at the dental chair we should try to respect the tissues we are treating, but if in our sincere attempt to perform a health service an iatrogenic mishap does occur, the experience should serve only to make us better practitioners.

431 Oakdale Avenue  
Chicago 14, Illinois

## THE LEGAL PROBLEMS YOU FACE WHEN YOU ARE "MANAGEMENT"

*(Continued from page 35)*

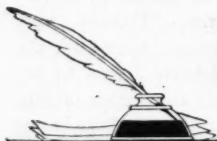
that your assistant does, but you can make sure that safety is a policy.

Second, be sure that your assistant understands her duties and is not encouraged to attempt semi-professional tasks until she is thoroughly trained.

Finally, as in the case of any other question of serious liability, the answer has to be insurance. Talk to your insurance agent. Read

your existing policies to see whether you are adequately covered. And if not—take necessary action. Adequate liability insurance not only protects your whole estate plan for your family, but provides a practical way for you to discharge your duty to any person who may be accidentally hurt by you or your assistant.

120 Broadway  
New York 5



## EDITORIAL COMMENT

*"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton*

### **PIRACY IN DENTAL PRACTICE**

THE dentist-pirate is not a violent man. He uses no blunderbuss or cutlass to harass his victim. Neither does he have them "walk the plank." He is more subtle and therefore more dangerous. The dentist who raids the practice of another dentist does it by innuendo, by sly remarks, by aspersions.

Piracy in dental practice implies a deliberate act. It is a direct attempt to draw patients from another dentist. The normal shift of patients from dentist to dentist is not included. There is a natural turnover in dental practice. What is one dentist's loss is another's gain. The equation works both ways. Practices are in constant flux; some people coming, others leaving.

People have the privilege of leaving one dentist for another at any time of their choosing. Every loss of a patient is not from dissatisfaction or misunderstanding. People get tired of seeing the same dentist and hearing the same patter just as they weary of wearing the same necktie or listening to the chatter of the same barber. Loyalties of patronage are not set in concrete foundations.

When one is young in dental practice it may come as a jolt to learn that patients have left your ministrations for those of another dentist for no cause that is apparent. These blows to ego soften with the years and with repetition. In time a dentist learns that migration of patients is a natural event.

The pirate sets out to steal a patient. He does not brandish a firearm or command the patient to forsake his present dentist. There would be defense against such a direct attack. The pirate uses the raised eyebrow, the smile of derision, the gesture of disparagement, to com-



municate the message that all is not well with the treatment that the patient has received from his present dentist. The grimaces, the words, the tones of disapproval, may be delivered under almost any condition or in any place. The country club locker room, the bridge table, the street corner, are as convenient spots as any for defamation of another dentist.

We are all familiar with the malice of damning with faint praise. In this technique we qualify with "but." "Yes, I know Doctor X, *but* he is getting quite old, isn't he?" Doctor Y is a good man, *but* I haven't seen him at a dental society meeting in years." It is easy to add to the list of "buts."

Another technique of piracy is to ascribe to oneself all the modern skills and most of the ancient virtues and suggest that the other dentist is deficient in both. We have all heard of dentists who claim pieces of research and astounding technique that are unfamiliar in the dental literature and unknown to dental society audiences. The dentist who has developed extraordinary skill in piracy can make himself appear superior and the other dentist inferior without once saying a *directly disparaging* word.

Akin to the pirate, but more reprehensible is the dentist-ghoul who builds his reputation by attacks against dead dentists. We have all heard the story of the dentist who belittled the restorations present in the mouth of an old lady. When he asked who the dentist was who performed so miserably, the old lady replied, "My dead son."

The dentist may use any honorable means to attract people to him and to secure patronage. That does not mean that ethics are so flexible that they allow the dentist to *steal* patients from another dentist.

*Eduard J. Ayman*



# TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

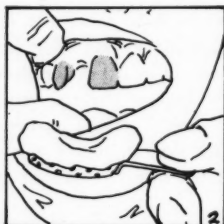
## Rubber Base Impression With a Plaster Matrix Tray

By JAMES R. EASLEY, DDS

Drawings by Dorothy Sterling



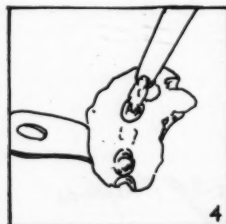
Using a single thickness of 28-gauge wax, cover the teeth which are to be prepared for the restoration. (No others need be covered.)



With wax on teeth, take a snap impression in quick-setting plaster. When plaster has begun to set, remove impression. Discard wax.



Score undercuts into the plaster before it becomes too hard. The plaster impression is now a matrix for the rubber impression (which will lock into the pores of the plaster—no adhesive needed).



Prepare teeth, record bite, retract gingivae. Place the mixed rubber material directly into the impression or use the syringe technique. (Only a small amount of material is required.)



Carry the tray to the mouth and seat it with a rocking, vibrating motion to prevent trapping air bubbles. Adjacent teeth act as stops in positioning the tray.

### Note to Contributors

We invite dentists to submit material for this page. \$10 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:  
Technique of the Month,  
Oral Hygiene,  
1005 Liberty Avenue,  
Pittsburgh, Pennsylvania

# Q ASK Oral Hygiene A

Please send all correspondence for this department to:  
The Editor, Ask Oral Hygiene, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

## Imaginary Denture Complaint

Q.—Recently I constructed a full upper denture for a 70-year-old man. He wears a lower partial denture replacing the four lower anteriors and one molar on each side. The remaining natural teeth are covered with full cast gold crowns.

The patient constantly complains that his lower teeth hit the lingual of the upper anteriors or the denture material directly behind these teeth. In order to satisfy him I constructed a new full upper denture leaving a space of several millimeters between the denture material and the lower anterior teeth. The patient still makes the same complaint, even though he admits that when he looks in the mirror he can see that the lower teeth do not hit into the upper denture. There is no soreness or tenderness in the upper ridge area, and other than this one complaint the denture is satisfactory.

Can you give me any indication why this patient feels as he does—R.M.G., Jr, New York

A.—Imaginary complaints about dentures are not uncommon in elderly people. With considerable time on their hands, such patients are more critical of prosthetic appliances than if they were normally occupied.

If, as you say, the lower anterior teeth do not hit the lingual of the upper anterior teeth in normal occlusion, I can only sug-

gest that you insist that your patient give himself enough time to adjust to his denture. Perhaps it will take several months before he is completely comfortable.

## Hepatitis

Q.—Why has so much emphasis been placed on hepatitis within the last few years? Has the course of the disease changed within the last 20 years? In order to insure sterility, which is preferable, a regular steam autoclave or the new dry heat type?—E.H.B., Ohio

A.—During the last 15 years viral hepatitis has increased greatly. It is easily transmitted and difficult to inactivate. Infection can be caused by extremely minute quantities of contaminated blood. Common transmitters of the infection are insufficiently sterilized instruments that penetrate the mucous membrane and the skin. In the dental office, the needle and the lancet are the most likely conveyers of the infection.

The two most dependable methods for sterilizing instruments against the viral hepatitis are boiling in water 100°C for 30 minutes and autoclaving at a temperature

(Continued on page 58)

121° to 123°C for 30 minutes with fifteen pounds pressure.

Dry heat sterilization at 160°C for one hour is considered to be the equivalent of autoclaving at 123°C for thirty minutes. However, the length of time required for sterilization limits the use of dry heat method in most offices. The temper of the metal of the instruments may be affected if the temperature exceeds 160°C.

It is my impression that the autoclave method is the most effective against viral hepatitis.

### **Stained Teeth**

Q.—I have a patient 14 years old who has a band of brown color around the two upper centrals, about the middle one-third of the teeth. Each of the laterals has a spot about the size of a number 9 bur. Brushing with pumice paste does not remove the coloring.

Can you make a suggestion for removing these stains, or would jacket crowns be the best procedure?—G.E.M., Nebraska

A.—In the case of your 14-year-old patient, I believe that the areas that are stained are due to a defect in the enamel formation during the early development of the teeth.

The enamel of these areas is highly permeable, and as a result extrinsic stains from food and drugs are easily established. Usually the enamel surface in this type of case has been partly decalcified and presents a roughened, porous surface. Scraping and polishing will only remove

some of the stain. By incorporating some commercial hydrogen peroxide in your polishing agent, you may help to bleach out some of the stain. Superoxol,® which contains 30 per cent hydrogen peroxide, is a satisfactory product.

It will be several years before the teeth will be completely developed. In the meantime, I would suggest that you educate this patient as to the proper method of achieving correct oral hygiene. After the teeth have attained full maturity, I would suggest that you restore these areas with porcelain.

It would seem, in my opinion, that drastic measures, such as jacket crown restorations, would be unnecessary.

### **Dry Mouth**

Q.—I have a patient over 50 years old with a peculiar condition. Her mouth is so dry that her tongue sometimes sticks to her palate—in fact, she has no saliva. She has been treated by a physician for two years with no results. Since she has no saliva her mouth gets red and sore under the acrylic dentures, which I made for her. This dry condition existed long before I removed her teeth.

Can you please tell me what may cause this dry condition, and what the treatment should be?—B.H., Michigan

A.—Without a complete medical history of your patient, it is difficult to determine the cause of extreme dryness of the mouth.

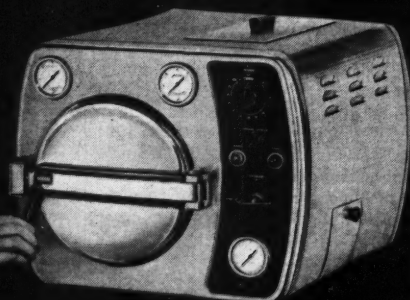
Following are some suggestions that might help to combat this  
(Continued on page 60)

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- + SINGLE KNOB CONTROL.
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- + STAINLESS STEEL CONSTRUCTION.

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### TOOTH PASTE Compounded with MILK OF MAGNESIA

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SIZE



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Paste, also toothbrushing charts to:  
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annoying and severe condition:

1. Excessive drinking of water.
2. High protein intake.
3. Encouragement of gum chewing.
4. Discourage all alcoholic beverages, condiments, and spices (not including salt).
5. Prescribe use of a sialogogue such as pilocarpine nitrate—0.3 gm of pilocarpine nitrate should be added to a sufficient quantity of distilled water to make 30 cc. The label should read: 5 drops before meals, increasing dosage, drop by drop, until the mouth is moist.

### Gagging

Q.—I have a patient in her early seventies who has had a gagging problem for many years. Five years ago I constructed a lower partial, and it took some weeks before the patient could tolerate it for over a few minutes at a time without vomiting. By persisting, she finally was able to wear the lower partial in comfort.

Last winter I made an upper partial for this patient. After extractions I waited eight weeks for complete healing before taking impressions. Prior to impressions, I prescribed a tranquilizer for a few days, and used an anti-gag remedy immediately before impressions. On delivery, I succeeded in adjusting the partial, which fitted well, only after the patient had vomited. Over the past two months she has tried to overcome the gag reflex, but has finally become discouraged.

Could you tell me of any treatment, other than tranquilizers, that might solve the gag reflex?—H.I.B., New York

A.—Without seeing your patient, it is extremely difficult to make a proper diagnosis and sug-

(Continued on page 62)





## A NEW CONCEPT OF CONVENIENCE

The Metalcraft Chairside Unit is available in four models (and all standard dental colors) to suit the individual needs of the orthodontist, the hygienist, the oral surgeon, and the general practitioner.

The model pictured is the O.D. (patent pending) for the orthodontist, and may be ordered for either right or left-handed operator. It contains a compartment with sliding instrument rack, a drawer with wire tube rack, and a drawer with a 10-compartment tray for cut wire, clamps, caps, etc.

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For mild dental pain

## Superior to aspirin alone

# PHENAPHEN<sup>®</sup>



Efficacy of the basic pain-relieving agents in PHENAPHEN is "effectively increased" by the addition of the "potentiating agents" phenobarbital and hyoscyamine.<sup>1</sup>

### In each PHENAPHEN capsule:

(Basic formula)

Phenacetin (3 gr.).....	194.0 mg.
Acetylsalicylic acid (2½ gr.).....	162.0 mg.
Hyoscyamine sulfate.....	0.031 mg.
Phenobarbital (¼ gr.).....	16.2 mg.

**Dosage:** 1 or 2 capsules as required.

**Supply:** Bottles of 100 and 500 capsules.

1. Strand, H. A., Henninger, F., and Dille, J. M.: J.A.D.A. 56:491, 1958.

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gested treatment for the trouble she is experiencing.

Since you have been successful in eliminating the gagging problem in the delivery of the lower partial, I am inclined to believe that with proper regard to the construction of the partial, and with time and patience, you can achieve success with an upper partial.

For a successful upper partial, the following suggestions are offered:

1. The restoration should have as thin flanges and as short extensions, commensurate with retention, as possible.
2. The proper vertical dimension and an adequate freeway space are most essential in development of the bite relationship.
3. Be sure that the posterior extensions of the upper and lower dentures in no way impinge on the pterygo-mandibular raphe and the soft palate, so that the pharyngeal constrictors will in no way be involved.

### Root Canal Therapy

Q.—What are the disadvantages, if any, of removing an exposed vital pulp and putting in a gutta percha filling at the same sitting?—E.A.L., Illinois

A.—The main disadvantage of performing a complete root canal therapy in one sitting, is the possible presence of infectious bacteria beyond the apex of the tooth being treated. In the event of periapical involvement after the completion of treatment, it would then be necessary to remove the root canal filling.

### Questions That Dentists Ask Frequently

**Canker Sores:** One of the more common questions sent to ASK ORAL HYGIENE has been concerned with canker sores and their treatment.

A canker is defined in Blakiston's Medical Dictionary as (a) ulceration, especially of the mouth or lips, and (b) aphthous stomatitis. Aphthous is derived from aphtha, the Greek word for thrush and it seems probable that until the last part of the nineteenth century the disease was referred to as thrush. There are at least twelve synonyms for this type of lesion, which is usually ulcerative and recurs. The most common names are: acute aphthous stomatitis, vesicular stomatitis, canker sores, recurrent aphthous stomatitis, herpes labialis, and acute herpetic stomatitis.

It is well to be familiar with the known causes of this common ailment. Among the common viruses that contribute to mouth ulcers are herpes simplex and varicella. Burket points out that bacterial involvement is probably responsible for the pain in mouth ulcers. However, the beta hemolytic streptococci, staphylococci, and fusospirochetal bacteria are known to develop inflammation leading to ulceration in the mouth. A frequent cause of canker sores is food and drug allergy. Certain systemic diseases give rise to mouth ulcers.

The herpes simplex virus causes the primary infection known as herpetic stomatitis. These primary

(Continued on page 66)

For more severe dental pain

*Superior to  
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## PHENAPHEN<sup>®</sup> with CODEINE

¼ gr., ½ gr., 1 gr.

Of five analgesic agents tested for relief of dental pain, PHENAPHEN WITH CODEINE ½ Gr. proved the most effective—superior to codeine alone.<sup>1</sup> The phenobarbital and hyoscine components of the PHENAPHEN formula were termed "effective synergistic agents in potentiating the analgesic effect of aspirin and codeine."<sup>1</sup>

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Basic Phenaphen formula, plus ¼ gr. (16.2 mg.) codeine phosphate.

#### PHENAPHEN with CODEINE ½ Gr.

(Phenaphen No. 3)

Basic Phenaphen formula, plus ½ gr. (32.4 mg.) codeine phosphate.

#### PHENAPHEN with CODEINE 1 Gr.

(Phenaphen No. 4)

Basic Phenaphen formula, plus 1 gr. (64.8 mg.) codeine phosphate.

1. Strand, H. A., Henninger, F., and Dille, J. M.: J.A.D.A. 56:491, 1958

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# THE HELP YOUR PATIENTS ADJUST TO NEW DENTURES



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infections occur in persons without antibodies and they recover from the same infection by the development of antibodies.

### **Allergies**

Food and drug allergies are frequent causes of mouth ulcers. Chocolate and nuts are recognized as common offenders. Carbonated beverages containing citric acid also produce canker sores. Many patients are allergic to antibiotic drugs, particularly penicillin and streptomycin. Contact burns causing local ulcers can be traced to the use of crushed aspirin, chloroform, or codeine preparations. The acrylic of dentures can cause ulcerations in persons who are sensitive to that material.

Mouth ulcers are also associated with systemic diseases. The two blood dyscrasias worth mentioning are leukemia and malignant neutropenia. One of the first manifestations of leukemia is hemorrhage with ulcers in the mouth. Malignant neutropenia, also known as agranulocytosis, occurs when the polymorphonuclear leukocytes are low in count. Such ulcers are probably caused by bacterial infection. It is important to recognize the lesions of agranulocytosis from those of oral fusospirochetal infection before starting dental treatment. The extraction of a tooth in a patient with malignant neutropenia may be fatal.

Occasionally patients will develop ulcers in the mouth from rough restorations, sharp edges of the teeth and appliances, or biting. These are usually of a tran-



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sient nature and heal rapidly.

The etiology of most cases of canker sores is unknown. Many of these ulcers are induced by dental manipulation in the mouth, smoking, emotional, and mental stress.

Many methods have been used to treat mouth ulcers and to prevent their recurrence. The kinds of treatment that have been tried without marked success are: vitamin, hormone, x-ray, and antihistaminic therapy. Smallpox vaccination has also been used.

#### Antibiotic Drugs

In testing antibiotic drugs, Terramycin® and Chloramphenicol® have proved ineffective. Aureomycin,® however, has been found to be beneficial in relieving pain and cutting down the length of the attack; it is not effective in decreasing the frequency of recurrence. A suspension of 2.5 per cent of Aureomycin can be used effectively to paint the ulcer. For a good mouthwash, 250 mg of Aureomycin is dissolved in 10 ml of water. Two ounces of this suspension is diluted with equal parts of hot water and used to rinse the mouth for thirty seconds three times daily.

The solitary occasional ulcer can be relieved by application of: 8 per cent zinc chloride, camphorated phenol, spirits of camphor, Talbot's iodine, camphor ice, sulfonamide solution, liquefied phenol, or alum pencil.

The use of Lactinex,® a product containing a viable culture of

(Continued on page 68)

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*Lactobacillus acidophilus* and *bulgaricus*, has been found effective in the treatment of canker sores of herpetic origin. The dosage calls for four tablets chewed and swallowed four times a day followed by a small amount of milk or tomato juice. Under this treatment, the lesion heals and the symptoms disappear within 24 to

48 hours. Studies are underway to determine the mechanism of the action of this agent.

Herpes labialis, which often results from the use of a rubber dam, can be prevented by the prescription of therapeutic doses of vitamin B complex or thiamin chloride several days before the dental appointment.

## SO YOU KNOW SOMETHING ABOUT DENTISTRY!

### ANSWERS TO QUIZ 184

(See page 39 for questions)

1. To protect them from undue elevation of blood pressure. (Kwapis, B. W.: Management of Medical Emergencies in the Dental Office, Ariz. D. J. 3: 145 December 1957)
2. (a). (Murphy, E. J.: Loss of Vertical Dimension in Tobacco Chewing and Its Relation to Costen's Syndrome, J. Oral Surg. 16:247 May 1958)
3. (b). (Campbell, J. A.: Reduction of Radiation Hazards in Dental Radiography, DENTAL DIGEST 64:177 April 1958)
4. True. (Aguilar, E. C.: Development of Endodontic Philosophy in Last Five Years, International D. J. 7:130 March 1958)
5. The extreme lack of dimensional stability during temperature changes in the

mouth. (Skinner, E. W.: A Comparison of the Properties and Uses of Silicate Cement and Acrylic Resin in Operative Dentistry, JADA 58:34 January 1959)

6. (b). (Eames, W. B.: Preparation and Condensation of Amalgam with a Low Mercury-Alloy Ratio, JADA 58:79 April 1959)
7. No. Internal stresses are created. (Markley, M. R.: Inlay Technique, Dental Clinics of North America, Philadelphia, W.B. Saunders Company, November 1958, page 644)
8. True. (Archer, W. H.: A Manual of Oral Surgery, ed. 2, Philadelphia, W. B. Saunders Company 1956, page 201)
9. No. (Traisman, A. S. and Traisman, H. S.: Thumb-and-Finger Sucking, J. Pediat. 52: 569 May 1958)
10. (a) (Myerson, R. L.: The Use of Porcelain and Plastic in Opposing Complete Dentures, J. Pros. D. 7:633 September 1957)

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## Dentists in the NEWS

### Strikes Gold!

An assay firm has confirmed reports of a rich gold strike—\$3600 per ton of ore—in the California mother lode country. The rich gold ore was found by Doctor Eugene Wood of Fresno, who prospects as a hobby.

The strike was made near the historic mining town of Coarsegold. "This is the place where the stage stopped for '49ers when they searched for gold out here a century ago," Doctor Wood said. "It's probably been walked over by no less than 100,000 men."

Doctor Wood and his partner, Thomas D. Young of Kansas, have taken a mining lease on 800 acres near Coarsegold. Doctor Wood said he and Young are negotiating to sell the holding to the Homestake Mining Company for \$275,000 plus 10 per cent of the earnings.—*Columbus (Ohio) Dispatch*.

### Scholar-Dentist

Doctor Alan Buchtell of Cleveland, Ohio, who will be 90 years of age in May, has been for many years a student of the classics in history, literature, and art. In his dental office he has a grandfather's clock originally owned by John Brown of Harper's Ferry, lithographs of early 1800 scenes, and also of bullfights in contemporary times in cities such as Barcelona and Madrid, Spain, plus books from Alcibiades to Zoroaster.

When not occupied with dentistry, which includes free treatments for residents of the Stella Maris sanctuary, Doctor Buchtell occupies himself with a collection of curiosa and

objects of art, which he feels will take him another 10 years to catalogue.—*Cleveland (Ohio) Plain Dealer*.

### Dental Service For Orphans

The children at St. Anthony's Boys Home in Albuquerque receive dental services throughout the year from Doctor John K. Phelan and his staff. The treatments include prophylaxis, x-rays, fluoride applications, and dental corrections. Doctor Phelan has provided dental care for the children for 32 years.—*Albuquerque (New Mexico) Journal*.

### Wins Awards at Dahlia Exhibition

Dentistry and dahlias are the two main pursuits of Doctor William Van Horn of Wauwatosa. In only five years, Doctor Van Horn has moved into the winners' circle in dahlias, has qualified as a judge, and has filled a case with cups, medals, and ribbons. He recently won five awards, including the medal for the best bloom, at the Southtown Dahlia Club show at Chicago.—*Milwaukee (Wisconsin) Journal*.

### Dentist-Paratrooper

Although heights have always bothered him, Captain Dan H. Loving of Amarillo, Texas, was so impressed by the intensive pride of the paratroopers that he left the non-airborne division to become affiliated with the 82nd Airborne Division at Fort Bragg, Fayetteville, North

(Continued on page 72)

# When you take Minimax you take NO chances

Before you have another amalgam filling to make, call your dealer and order a bottle of Minimax Alloy No. 178. If he mentions a substitute, be sure to say, "No thanks. I'll take Minimax, because the weight of evidence assures me that this definitely superior alloy will produce completely successful, long lasting fillings in my hands, using the technic I employ in every day office practice..."

You'll find every step of the procedure a pleasure indeed... for Minimax amalgamates readily, develops a smooth texture, allows sufficient time for packing and painstaking carving, and sets promptly after carving, provides abundant crushing strength, polishes beautifully and retains its silvery lustre for years.

Thousands of dentists—here and in every country in the free world—are proud of the millions of fillings they've made with Minimax alloy. You'll be glad you insisted on Minimax, and incidentally not only with the maximum satisfaction you obtain but also the minimum cost.

Are you familiar with the clear, sparkling, easier-to-diagnose images you always get with Minimax X-Ray films? Available in Extra Fast and Intermediate speeds for use with your present x-ray equipment.



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Carolina. He is one of two dental officers in this division, and there are currently about five active dental officers who are paratroopers in the United States forces. "Jumping is a test of faith," said Captain Loving. "You feel mighty close to your Maker with only one little piece of silk between you and eternity."—*Amarillo (Texas) News Globe.*

## Gives Endowment to Library

After attending a school board budget meeting, Doctor R. Mary Wend, a dentist at the State Training School for Girls, decided the Hudson Area Association Library needed support. She has presented the Association with its first privately given endowment, a stock fund which Doctor Wend believes will produce an income of between \$250 and \$400 annually.—*Albany (New York) Knickerbocker News.*

## Outlives Insurance Policy

Doctor Fred W. Conover of Decora, Iowa, recently celebrated his 100th birthday, and collected on a life insurance policy he purchased in 1889. He practiced dentistry 40 years, and is the only living charter member of the Elks lodge.—*Cedar Rapids (Iowa) Gazette.*

## Wins Stamp Show Grand Award

The Oklahoma State Philatelic Society has presented the grand stamp award to Doctor H. B. Bolt, 80-year-old retired dentist and stamp collector. Doctor Bolt, who has been collecting stamps for 30 years, has also won the grand award at the Sea Gull Stamp Show in Corpus Christi, for his United States blocks of four or more stamps. His total display included nine frames, each containing eight pages.—*Corpus Christi (Texas) Times.*

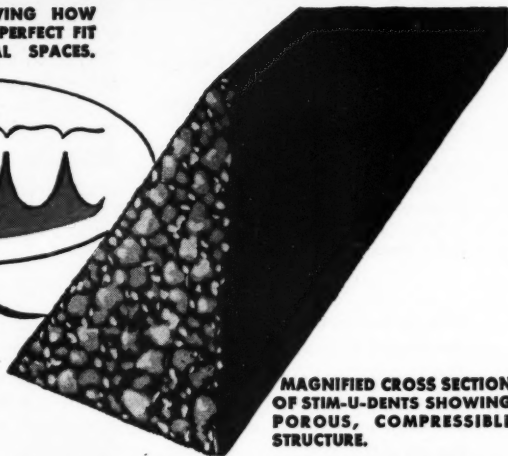
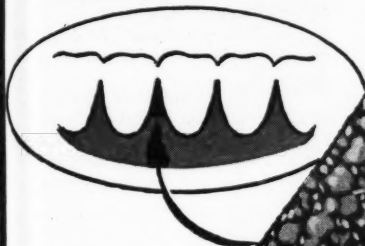
Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Herbert W. Kuhm, DDS, 4729 West North Avenue, Milwaukee, Wisconsin

(Continued on page 74)



CROSS SECTION SHOWING HOW  
STIM-U-DENTS FORM A PERFECT FIT  
IN THE INTERPROXIMAL SPACES.



MAGNIFIED CROSS SECTION  
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**STIM-U-DENTS**  
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John O. Evans, Box 461, Roseville, Ohio

Harry S. Brown, 3025 Park Avenue, Richmond, Virginia

John T. Kenney, 1286 Jackson Avenue, Lakewood, Ohio

Mrs. C. M. Perdue, 1407 North Lake, Amarillo, Texas

Donald Bartholomew, 516 State Street, Hudson, New York

Mrs. Nancy Gibbons Zook, 3240 Soutter Avenue, SE, Cedar Rapids, Iowa

Edith D. Pennington, 5930 Lucille Drive, Corpus Christi, Texas

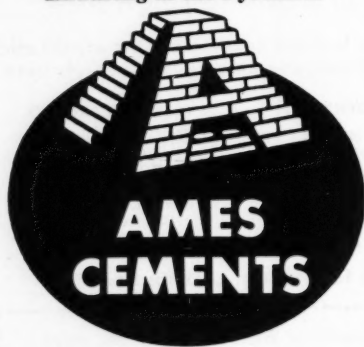
Norman Sentivany, 286 Tolland Street, East Hartford, Connecticut

#### THE COVER

THE BAHAI HOUSE OF WORSHIP, one of the most beautiful buildings in the world, is located in Wilmette, Illinois. Visitors to the Midwinter Meeting of the Chicago Dental Society may reach this House of Worship by driving north on Sheridan Road about 15 miles from the downtown section of Chicago. Public transportation is available over the elevated system.

The Chicago Dental Society meeting will be held in the Conrad Hilton Hotel, February 7 to 10, 1960. Detailed information may be had from K. S. Richardson, 30 North Michigan Avenue, Chicago 2, Illinois.

#### "Enduring as the Pyramids"



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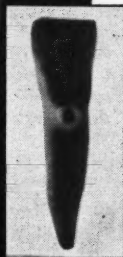
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so  
supreme!

### supreme in economy...

The restoration here is a study in contrast. Little? Yes. But in benefits so big, its value was supreme. At the price of only one little restoration, the tooth was saved and preserved unimpaired for 51 precious years!

*Could such supreme economy be matched?*

Could it have been matched by a restoration that failed and required the tooth to be replaced by a prosthetic appliance? Could it have been matched by a restoration that failed again and again, requiring a succession of restorations as well as a prosthetic appliance?

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For helpful data about this wonderful material, mail lower portion of this page with your card or letterhead to **Morgan, Hastings & Co.**, 2314 Market Street, Philadelphia 1, Pa.—Established 1820.

COURTESY DR. E. E. HAMILTON

*Only with*

**GOLD FOIL**

*Can little Cavities*

*stay little!*





## LAFFODONTIA

The editor was busy at his desk doing nothing, when the phone rang. On the other end was an irate subscriber. "I noticed in your paper," the reader shouted, "that you printed I was dead!"

"Zatso?" was the indifferent retort. "Where are you speaking from now?"

An old lady was having her eyes examined. The optician placed some cards at a distance with the letters XZPTVCH and asked her if she could see them clearly. She said: "I can see them clearly, but I can't read Russian."

The most believable golf story of the year appeared on the sports page of a Florida paper recently. It read: "At this point the gallery deserted the defending champion to watch Miss Blank, whose shorts were dropping on the green with amazing regularity."

Bride: "Darling, will you still love me if I grow fat?"

Groom: "Heck, no—I promised for better or for worse, not through thick and thin."

Two venerable citizens were talking about King Solomon.

"That old Solomon, by cracky, he was a mighty wise King," mused one of the philosophers. "All those wives and concubines; you know sometimes I wonder how he arranged to provide the necessary food for all those women."

"How he fed all those women doesn't interest me," said the second. "I just wonder what he was eating himself."

One barber shop has a sign which reads: "The views expressed by our barbers are not necessarily those of the management."

Hubby: "Don't bring me any more bills; I can't face them."

Wife: "You needn't, darling. I only want you to foot them."

"You pay a small deposit," said the salesman, "and then make no more payments for six months."

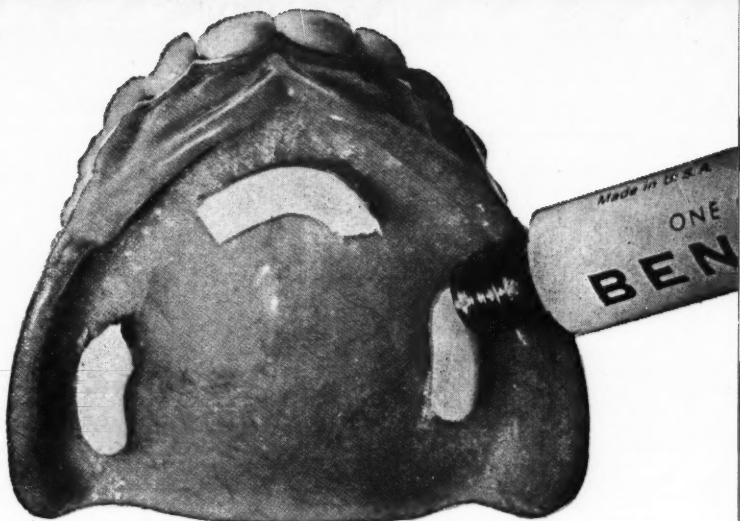
"Who told you about us?" demanded the lady of the house.

He: "A new fur coat is out of the question. Why, you've only worn that one for two years."

She: "Yes, but the rabbit wore it three years before that."

"You charge more than we do," said the physician to the garage mechanic. "We have to," was the reply. "You always work on the same model. We have to learn a new model every year."

Nowadays when people speak of the higher things in life, they have reference to food bills.



## BENZODENT "BREAK-IN" MEANS HAPPIER PATIENTS, A HEALTHIER PRACTICE

**Benzodent hastens mastery of new, immediate, and partial dentures . . . helps the patient quickly regain normal dental appearance and function . . . eases adjustment so that the patient wears his denture consistently, doesn't demand needless emergency attention.**



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**gives the dentist clinically proved results**  
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 ules . . . curb on needless trimming . . .  
 more appreciation of prosthetic skills.  
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 control infection and mouth odor . . .  
 long-lasting denture stabilization.

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## WHAT'S NEW

IN PRODUCT DESIGN—  
FUNCTION—ASSORTMENT



The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

**Dry Heat Sterilizer**—model No. 75. Made entirely of stainless steel and offers built-in automatic timer. Heat obtained does not affect cutting edges or temper of instruments. The Dri Clave Co., 301 Franklin Ave., Franklin Square, L.I., N.Y.

**Air-San**—a smooth, foot-operating receptacle with patented Magi-Close. An individual "Ozium" sanitizing spray dispenser is built-in. Unwanted odors are eliminated with push-button speed. Woodlets, Inc., 2048 Niagara St., Buffalo, N.Y.

**Vapor-Phase**—a rust inhibitor. Prevents rusting of surgical instruments in autoclaves by atmospheric change. Is sprayed on outside of cloth-wrapped package of instruments prior to auto-claving. The Lorvic Corp., 5553 Easton Ave., St. Louis 12, Mo.

**Rinse**—for hot water sterilizers. A combination wetting agent and rust inhibitor which speeds drying time, reduces spotting and prevents rust during rinse cycle. Efficient in hard or soft water. The Lorvic Corp., 5553 Easton Ave., St. Louis 12, Mo.

**Germicidal Concentrate**—an instrument disinfectant with anti-rust tablets. One bottle makes 24 quarts aqueous solution. Convenient, safe, economical. Will not rust new or old instruments. The Lorvic Corp., 5553 Easton Ave., St. Louis 12, Mo.

**Grey Rock**—improved, high strength, hard surface stone for rehabilitation models, dies, and wherever hard, accurate models are required. Also available in fast set for check bites on order. Jay E. Healey Co., 21 Baldwin St., Newark 2, N.J.

**Splash Pan and Dust Collector**—made of sturdy flexible polyethylene. Soft walls cushion the effect and minimize danger of chipped teeth and distortion of cases. All in

one piece, easy to clean and cannot rust. Surgident, Ltd., 3871 Grand View Blvd., Los Angeles 66, Calif.

**Varidase**—provides a simple way of relieving discomfort, swelling and inflammation due to tissue trauma following dental procedures or caused by infection. Tablets dissolve in the buccal pouch and are absorbed through buccal membranes. Lederle Laboratories, Pearl River, N.Y.

**Heavy Duty Spatula**—for mixing periodontal packs, zinc oxide cements and impression materials. Large palm-type handle is easier to grasp and less tiring to hand. Stainless steel blade. Star Dental Mfg. Co., Inc., Philadelphia 39, Pa.

**Finishing Files**—for interproximal and gingival margin filing. Flexible, stainless and inexpensive. Stainless, with a thin, easy to grasp handle. Star Dental Mfg. Co., Inc., Philadelphia 39, Pa.

**Screw Posts**—provide anchorage for amalgam fillings, crowns or posts and bridge abutments. Available in short, medium and long sizes. Medidenta, 1420 Sixth Ave., New York 19, N.Y.

**Cavitec**—"incento pak" contains 3 standard packages Cavitec with a free Cavitec Spatula; "new user" package includes 1 standard package Cavitec with a free Cavitec Spatula. Kerr Mfg. Co., Detroit 8, Mich.

**Elastomer**—a new type rubber base impression material. Provides ease of handling, extreme accuracy, and complete control of setting speed. Flows to provide optimum recording of tissue detail, yet retains its form with accuracy when thinned to a knife edge. Opatow Dental Mfg. Corp., 469 President St., Brooklyn 15, N.Y.

**Surfadyne**—aerosol packaged antibacterial spray. For use after ex-



enjoyed by Children

preferred by Pedodontists

**Turbo-Jet<sup>®</sup>**

the quiet

**HIGH SPEED**

HANDPIECE

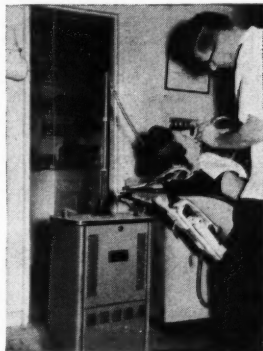
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tractions, surgery, routine operative procedures to prevent infection. Metered valve provides dosage control and economy. Dean Dental Products, Inc., Boston 11, Mass.

**Topocaine**—a topical anesthetic spray. Now improved to give faster action, deeper penetration. Has metered valve. Dean Dental Products, Inc., Boston 11, Mass.

**Steracil**—aerosol packaged germicidal soap. Contains lanolin to prevent drying and dermatitis due to repeated washing. Light, sweet fragrance. Dean Dental Products, Inc., Boston 11, Mass.

**Flex-Unit**—a single cabinet which provides five different drawer-storage combinations. Brings modular efficiency to operators where wall mounting is not feasible. Hamilton Mfg. Co., Two Rivers, Wis.

**Duraflow Premium Offer**—a handsome black and gold wall clock is included free with an order for a "lab" pack of Duraflow. Wall clock makes smart focal point for any room decorating scheme. Product Research Laboratories, 90 Hamilton St., Cambridge 39, Mass.

**Thompson Stress Eliminator**—provides a positive return movement and complete vertical action for free-end saddles. The slight movement massages the tissue bearing surface. There is no back-action and the even stress relieves the abutment tooth. Ticonium, 412 N. Pearl St., Albany 1, N.Y.

**Chloraseptic**—a mouth wash and gargle. Nontoxic, alkaline solution with combined anesthetic, bactericidal and fungicidal properties. Aids natural healing process by producing analgesia at the source and reducing the bacteria count. The Chloraseptic Co., 400 Victor Bldg., Washington 1, D.C.

**Denti**—a new toothbrush that is easy to use at home, on the road, in school, etc. Simple two-piece construction. Contains Aseodent in handle. Specially designed penetrating head uses two or three drops of Aseodent at each brushing. Gordon Laboratories, Ltd., 112 E. 19th St., New York 3, N.Y.

**Nira-Krome**—a water bond invest-

ment. New faster burnout. New break-way for easy sand blasting. Simple, accurate, trouble-free. Niran Products, 203 E. 18th St. New York 3, N.Y.

**Root Gripper Forceps**—elongated slender beaks slip between tooth root and alveolus and enable operator to get solid hold for extraction. Supplied in velvet lined case with child size forceps. Premier Dental Products Co., 1001 Chestnut St. Philadelphia 1, Pa.

**Pro-Forms**—eliminate time-consuming accounting details. Provide the finest income records and enables dentist to analyze at a glance his entire patient-dentist relationship in individual cases. Includes built-in recall system by use of signal flag. Pro-Form Co., Inc., Jenkintown, Pa.

**Research Quicusp**—a plastic cuspid that readily burns out with the wafer. Paper-thin, it accommodates the closest bite and pliability, the latter obtained by resorting to a specially developed plastic formula. Available in 3 sizes, a total of 24 moulds. Precious Metals Research Works, Inc., 59 Kent St., Brooklyn 22, N.Y.

**R. L. Denture Material**—for full and partial dentures. Rapid gelation (3 minutes); long work time (3 hours). A complex Tetra Polymer with multiple cross-linkage. Individually formulated to specifically fulfill exacting requirements. Acralite Co., Inc., 59 Kent St. Brooklyn 22, N.Y.

**4C**—for dentures, repairs and rebases. Is a cold or self-curing acrylic suitable for any technique. Pigments are locked into powder base when they are polymerized. Is effectively cross-linked. Has increased hardness, less water sorption and completely color stable. Acralite Co., Inc., 59 Kent St., Brooklyn 22, N.Y.

**Acralain**—new Bioform shades internally pigmented. Besides the various gingival and incisal colors the Bioform system requires 2 supplementary shades which are now available. Various shade assortments available. Acralite Co., Inc., 59 Kent St. Brooklyn 22, N.Y.